

Substitute for form 1449A/PTO		COMPLETE IF KNOWN	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>		Application Number	10/551,975
		Filing Date	October 5, 2005
		First Named Inventor	Robert S. Meissner
		Group Art Unit	To Be Assigned
		Examiner Name	To Be Assigned
Sheet	1	of	2
		Attorney Docket Number	

Examiner
Signature

the Seven

**Date
Considered**

1/30/2007

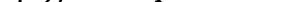
*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

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<p>Substitute for form 1449B/PTO</p> <p>INFORMATION DISCLOSURE</p> <p>STATEMENT BY APPLICANT</p> <p><i>(use as many sheets as necessary)</i></p>				COMPLETE IF KNOWN	
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Sheet	2	of	2	Attorney Docket Number	20880P

NON PATENT LITERATURE DOCUMENTS

Examiner Signature		Date Considered	1/30/2007
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